



**New Jersey In-Depth Technical Assistance
Initiative for Substance Exposed Infants
and Neonatal Abstinence Syndrome
(IDTA SEI-NAS)**

Department of Human Services
Department of Children and Families
Department of Health

NJ Response to Opioid Epidemic

- NJ selected in July 2014 to participate on SAMHSA's Prescription Drug Abuse Policy Academy for Technical Assistance to:
 - Align & coordinate numerous well-planned initiatives & efforts to address prescription drug abuse currently underway
 - Focus efforts on components proven to be essential aspects of an effective approach to combat opioid epidemic
 - Identify measurable outcomes related to each component

NJ Response to Opioid Epidemic

- NJ's comprehensive, unified & strategic plan to Opioid Epidemic:
 - Expand & strengthen prevention strategies
 - Improve monitoring & surveillance
 - Expand & strengthen control & enforcement
 - Improve access to & use of effective treatment & recovery supports
- SEI & NAS is identified in the plan to:
 - Develop uniform policies/guidelines to address the entire spectrum of SEI & NAS (across Departments)

Pregnant Women & Opioid Use

- DMHAS looked at 2013 pregnant women data from NJSAMS:
 - Reflected an increase in opioid use during pregnancy
 - NJ wrapping up a previous 3 year IDTA through SAMHSA's NCSACW to improve outcomes for substance using families involved with child welfare and the courts
 - NJ requested and granted limited TA to look at SEI-NAS:
 - What are NJ's highest risk counties as it relates to opioid use during pregnancy?
 - Are there existing SEI State Initiatives at the local level to serve as a test model to move NJ toward comprehensive SEI policies & practices?

New Jersey Data

- NJSAMS treatment data (2010-2013) reflected an increase in SEI and NAS
 - NJ treatment admissions increased among Pregnant & Postpartum women (59%)
- Admissions for Pregnant Women in SFY 2014 (n=959)
 - Primary Drug: Heroin (46.5%), Marijuana (21.3%), Other Opiates (10.6%), Alcohol (9.8%), Other Drugs (11.8%)
- County of Residence (top 5):
 - Ocean (126)
 - Camden (114)
 - Atlantic (86)
 - Essex (84)
 - Monmouth (74)
- Level of Care:
 - Opioid Maintenance-OP 31.3%
 - Opioid Maintenance-IOP 3.6%
 - IOP 26.2%
 - OP 25.3%
 - Long-term Residential 4.2%

New Jersey Data, cont.

- Referral Source
 - Welfare/social services 23.3%
 - Self 23%
 - Corrections related programs 20.7%
 - Addiction services 8.1%
 - Child Protection Substance Abuse Initiative 7.5%
- Pregnant women with a primary, secondary or tertiary drug of heroin or other opiates who received medication-assisted treatment (MAT):
 - planned at admission 62%
 - actually used (based on discharges) 32%

** Source: New Jersey Substance Abuse Monitoring System (NJSAMS)

Monmouth County SEI NAS

- Selected JSAS Healthcare, Inc. (Monmouth County) Provider with an existing SEI NAS Program:
 - County has both high need and capacity to address SEI
 - JSAS receives State & Federal Funding for gender specific MIOP treatment to Pregnant & Postpartum Women (PPW)
 - JSAS Perinatal Services -Perinatal Project CARE Program
 - Every woman tested for pregnancy at admission to treatment
 - Ambulatory care program for treatment of pregnant & postpartum substance abusing women & their infants
 - Collaboration with Jersey Shore University Medical Center (Share Perinatal Addictions Registered Nurse Coordinator)

Monmouth Walkthrough

- Monmouth's existing SEI process:
 - Strengths:
 - Effective practices such as multiple SEI prevention, intervention & treatment system strategies in place
 - Intensive collaborative efforts with all systems including between MAT and perinatal health system
 - Prepares pregnant patients for delivery through close coordination with reproductive health providers and delivery hospitals
 - Leveraging of existing resources depending on eligibility parameters i.e.; DFD TANF/TIP, DCP&P

Monmouth, cont.

- SEI Gaps:
 - Lacking comprehensive system where multiple intervention opportunities can occur i.e.; pre-pregnancy, post-partum, continuing through child's developmental milestones, parental treatment, recovery support & continuing care
 - NJ doesn't mandate screening of pregnant women, doesn't occur in all public health facilities, rarely in private sector
 - NJ Hospitals lack guidelines on working with pregnant women with SUD:
 - Screening protocols for mom and newborn
 - Referral protocols to treatment

New Jersey IDTA SEI NAS

- As a Policy Academy State, NJ was eligible to apply for SAMHSA's 2015 IDTA on SEI-NAS
 - IDTA application referenced the Monmouth County JSAS and Jersey Shore Medical Center collaboration
 - IDTA awarded to six states: Connecticut, Kentucky, Minnesota, New Jersey, Virginia and West Virginia
 - IDTA Goal - strengthen collaboration and linkages across addiction treatment, medical communities, child welfare, providers and other organizations to improve services for pregnant women with opioid and other substance use disorders and outcomes for their babies

IDTA SEI Goals

- Goal #1: Increase perinatal SEI screening at multiple intervention points
 - Change policy and practice to improve SEI perinatal screening rate in by 15% over baseline.
- Goal #2: Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women who screen positive on 4Ps Plus get connected for a comprehensive SUD assessment
 - Improve rate by 15%
- Goal #3: Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women delivering SEIs and their babies and any other eligible children receive early intervention and other support services for which they are eligible
 - Improve early intervention and other support services by 15% over baselines.

NJ SEI NAS IDTA Team

- Oversight Committee

- Lynn Kovich, SSA
- Suzanne Borys & Don Hallcom, DMHAS
- Dr. Arturo Brito, DOH
- Adam Bucon, SOTA
- Mollie Greene, DCF
- Rebecca Ricigliano, AG
- Mary Pat Angelini, Provider
- Christina Fagan, Consumer
- GCADA
- Governor's Council on Prevention of DD & FASD

- Core Team

- Project Liaison, Chris Scalise
- DHS
 - DMHAS
 - DFD
 - OPIA
 - OOL
- DOH, Family Health Services
- DCF, Maternal and Child Health
- Hospitals & Medical Community
- Providers/Stakeholders
- Consortiums & Cooperatives

SEI NAS IDTA

- SAMHSA's NCSACW consultants are providing substantial support and expertise to NJ for 18 months
- Pre/post Cross-System Survey across all systems to identify Cross-System challenges, barriers and gaps
- Identify additional key stakeholders for inclusion
- Monthly webinar and conference calls with other IDTA States, national experts around best practices, other State/Federal program/policy experts, SAMHSA, CSAT
- Identify policies and practice issues that prohibit or deter substance using pregnant women from accessing services, (treatment, MAT)

New Jersey SEI NAS IDTA cont.

- Consultants site visit to NJ (5/12 & 5/13)
 - Presentations by:
 - JSAS Healthcare Inc. Program as model to be emulated
 - Weisman Children's Hospital Inpatient NAS Program
 - Children's Specialized Hospital, NAS Program
- Established workgroups:
 - Data – Statewide data systems to capture prenatal screening, linkage to treatment & service follow to moms & children
 - Prenatal to Delivery: Resources/Practices
 - Delivery & Engagement (Infants): Resources/Practices
 - TA to implement adopted model across the state

Challenges Across the States

- Do some existing policies inadvertently discourage pregnant & parenting women from seeking care for opioid dependence or other substance use disorders?
- Do we need to create collaborative agreements to facilitate seamless referrals & continuity of care from pregnancy through birth & beyond?
- Does the community have adequate access to methadone providers or buprenorphine prescribers?
- Are systems in place to facilitate coordination between providers who serve pregnant & parenting women and those caring for their infant children?
- Do State and local agencies and the collaborative partners track and share data to monitor outcomes?

IDTA SEI NAS

- Next Steps:
 - Engage workgroups to address:
 - Data Needs
 - Increasing # of providers that conduct screening & assessment of pregnant women at risk for substance use/opioid use during pregnancy
 - Training for key stakeholders
 - Funding & sustainability
 - Increasing # of referrals of infants to early intervention



QUESTIONS?

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